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## EVALUATOR MANUAL TRANSMITTAL SHEET

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**Distribution:**

☐ All Child Care Evaluator Manual Holders  
☐ All Residential Care Evaluator Manual Holders  
☒ All Evaluator Manual Holders

**Transmittal No.**  
**09RM-16**

**Date Issued**

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**Subject:**

AB 978 – Evaluator Manual Revision

Reference Material - Office Functions

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**Reason for Change:**

Revisions to Evaluator Manual section 2-6000 as needed to comply with AB 978, to update the current names for Investigations Branch and Licensing Program Manager.

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**Filing Instructions:**

REMOVE – Pages 3, 5, 8, 11, 12, 19, 20, 23, 31, 39, 40, 43 and 44

INSERT – Pages 3, 5, 8, 11, 12, 19, 20, 23, 31, 39, 40, 43 and 44

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**Approved:**

*Original signed by Thomas Stahl*

*10/30/09*

**THOMAS STAHL** Chief  
Policy Development Bureau  
Community Care Licensing Division

Date

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**2-0010 GENERAL STATEMENT****2-0010**

The purpose of this section is to give you an overview of the administrative policies and procedures of the Department of Social Services and the Community Care Licensing Division. In the licensing process, a policy is a plan or course of action determined by the Community Care Licensing Division to influence administration of the program. It will enhance your ability to use the available resource material which outlines management's expectations and objectives. It is designed to clarify your role and responsibility in the administration of the licensing program. References will be made to intra-office policies and procedures. As each office develops intra-office policies unique to that office, your Regional Manager and the **Licensing Program** Manager will discuss them with you.

**2-1000 ACCOUNTABILITY, RECORD KEEPING AND REPORTS****2-1000**

Record keeping and reports that communicate information accurately, concisely and completely represent the end product of your efforts and verify your accountability. You are accountable to your **Licensing Program** Manager for the accurate and timely completion of all required reports.

**2-1100 ITINERARIES****2-1100**

The Weekly Itinerary (LIC 981) is the document which is used to reflect your activities in the field. This document serves a variety of purposes, including the following (1) it is a tool for planning your field activities; (2) it provides your **Licensing Program** Manager with information regarding use of your time and managing your caseload; (3) it enables your **Licensing Program** Manager to contact you in the field should the need arise; and (4) it provides a record of your activities which serves as a data base for statistical reports and supports your travel expense claims.

The essential elements to be reflected in the itinerary are (1) length of time itinerary covers; (2) your name; (3) **Licensing Program** Manager's name; (4) dates/departure; (5) estimated arrival time of each visit (a.m./p.m.); (6) facility name and telephone number (address and city are optional); (7) facility type (optional); (8) the purpose of the visit; (9) time of departure; (10) visit made (yes/no); (11) reason visit not made; (12) amendments to itinerary; (13) expected return to your office.

Because the field itinerary serves so many important functions, it is vital that it be complete and accurate. Since it is prepared in advance, it is often necessary to make revisions or corrections to the itinerary. For example, a visit may be listed which you were unable to make because no one was at home when you arrived. If major changes are made to your itinerary in the field, contact your **Licensing Program** Manager that day. It is, therefore, important that you review and correct the itinerary each time you return to the field.

**2-2000 CONSULTANTS (Continued)****2-2000**

After the consultation, the Licensing Program Analyst completes the Consultant Evaluation (this form is available in each Regional Office and also in the Common Library at [http://sac8dss.ca.gov/ccldcommon/attachments/consultant\\_evak.pdf](http://sac8dss.ca.gov/ccldcommon/attachments/consultant_evak.pdf)) and submits it via mail pouch to:

Central Operations Branch  
Division Administrative Support Bureau  
M.S. 19-50  
Attention: Medical Consultant Coordinator

The Licensing Program Analyst is required to forward the completed form within two weeks of the visit to verify the validity of the claim for payment submitted by the consultant. The consultant's invoice is then processed by the Medical Consultant Coordinator and forwarded to Accounting for payment.

**2-2100 MEDICAL EXAMS FOR VICTIMS OF ABUSE WHO ARE  
MEDICALLY INDIGENT****2-2100**

During an investigation of abuse of a client, there may be the need for a medical exam and/or laboratory testing. If the client is medically indigent, i.e., does not have any medical insurance coverage, the Department of Social Services can pay for these services.

If the client, authorized representative or parent does not know whether he/she has medical insurance, the county welfare department should be contacted. Clients in residential care should already be covered by Medi-Cal or some other type of medical coverage.

An exam may or may not be warranted, depending on the nature of the abuse and the amount of time that has elapsed since the abuse incident. It may be necessary to discuss the overall abuse situation with a physician, special investigator and/or social worker. Also, the Division's M.D. consultant may be a resource.

A medical exam/laboratory tests, when clients are medically indigent, may be obtained as follows:

1. The evaluator should submit a written request with a justification to his/her **Licensing Program** Manager.
2. If the **Licensing Program** Manager believes that the exam is warranted, the client, authorized representative or parent must complete the LIC 627A, Consent to a Medical Exam.

**2-3100 WRITTEN COMMUNICATION (Continued)****2-3100**

Other letters which you may prepare require sign-off by your **Licensing Program** Manager or Regional Office Manager. For example, a follow-up letter to a Noncompliance Conference Plan (LIC 9111) is normally signed by your Regional Manager. Letters relating to a denial or a waiver request or a cease and desist order require the Regional Office Manager's signature.

**2-3120 MEMORANDA****2-3120**

Office memos (STD 100) (STD 100B) are normally utilized for intra-office communications. The Mini-Memo is informal and facilitates two-way communication and may, depending upon the subject, also be used for intra- and inter-Branch correspondence.

**2-3130 OTHER DOCUMENTS USED IN WRITTEN COMMUNICATION APPLICANTS/LICENSEES****2-3130**

Licensing reports (LIC 809 and LIC 9099) and Confidential Names Lists (LIC 811) are used concurrently in recording citations and directives as a result of your observations and findings in evaluation of a community care facility. You will also cite deficiencies on the LIC 809 or LIC 9099. In addition, you may record significant discussions or agreements which took place with the applicant/licensee. Since the LIC 809 and LIC 9099 are public documents, you must be careful not to record on these forms any personal information related to the licensee or names of persons receiving services in the facility. The LIC 811 and LIC 812 must be utilized for any such confidential information and must be filed in the confidential facility file.

For those facilities which are subject to civil penalties you will also frequently utilize the Penalty Assessment (LIC 421A and 421B) in addition to the LIC 809 and LIC 9099. (See Section 1-0040 – 1-0070 of the Evaluator Manual)

**2-3150 FACILITY FILES****2-3150**

As previously indicated, copies of all written documents related to a particular facility must be placed in the facility file. The only possible exception to this will be the office memos or mini-memos which you may write to your **Licensing Program** Manager or other Community Care Licensing Division staff transmitting routine information or requesting general direction regarding procedures related to the facility.

In addition to the aforementioned documents, you will frequently record all pertinent telephone contacts or office interviews held with applicants/licensees or with others involved in operation of a community care facility. Document facts and objective statements; not inferences, assumptions or opinions. This information may be handwritten and should be recorded on the Contact Sheet (LIC 185) or Detail Supportive (LIC 812) in each facility file.

## 2-3320 MEDIA CONTACTS

2-3320

Responsibility for dealing with sensitive and/or controversial news media issues which arise in the Regional Offices is the responsibility of Program Administrators/Branch Managers. Regional Managers will continue to have primary responsibility for initial assessment of potential news crisis situations within their districts and of informing the Public Information Office and the Program Managers/Branch Managers. Any subsequent contact with the media on an issue which has been escalated is the responsibility of the Program Administrator/Branch Manager.

All initial media representative inquiries will be directed to the Regional Managers. Where Regional Managers can reasonably infer that the media inquiry will escalate to high visibility situations, the Regional Manager will immediately inform the Public Information Office and the Program Administrator/Branch Manager. Any inquiries from the media that enter into philosophical issues or positions of Community Care Licensing Division or the Department will be referred to the Public Information Office. For all contacts with the media, the Regional Manager will provide written notification to the Program Administrator/Branch Manager on the Report of the Legislative/Media contacts (LIC 9021).

In situations where immediate notification to the Public Information Office is not warranted due to the general nature of news media inquiries, the Regional Office should provide the information as outlined below:

1. Media request for public information.
  - a. The Regional Manager will provide information requested.
2. Media requests for information on complaints against facilities:
  - a. Where a complaint has not been investigated by the Regional Office, the Regional Manager will so state and explain that as soon as the complaint has been investigated within the ten days allowed, a public report (Licensing Report, LIC 9099) will be available for review. The nature of the complaint is not to be discussed unless first substantiated.
  - b. Where a complaint has been investigated and resolved at the Regional Office Level, the Regional Manager will inform the media representative that the Licensing Report (LIC 9099) is available for review at the Regional Office.

**NOTE:** Information requests on complaints referred to, and under investigation by, the Investigations Branch will be referred to the Investigations Branch.

**2-3320 MEDIA CONTACTS (Continued)****2-3320**

3. Media requests for information where litigation is in progress:
  - a. The Regional Manager will not provide any information concerning facilities under litigation except for public file information.

**NOTE:** Legal documents (Accusations, Statement of Issues, Decisions, Stipulated Decisions, Temporary Restraining Orders and Temporary Suspension Orders) are considered public information once signed and issued/served. Inspection Warrants are not considered public information until signed and served or in situations where the issuing court requires review after service of the Inspection Warrant. As a general rule, any questions regarding accessibility of legal documents should be discussed with the Community Care Licensing Division legal staff.

**2-3400 DEPARTMENTAL LITIGATION****2-3400**

Much departmental litigation involves restraining and injunctive orders, and other situations involving shortening of normal notice times. The Department usually has inadequate time to prepare and review responses. Therefore, except as noted below, *the only persons authorized to accept service of process on behalf of the Department are the Director, Chief Deputy Director, Deputy Director-Legal Affairs and the Chief Counsel.* This is the only way in which tracking and coordination with the Attorney General's Office can be maintained.

If you should be contacted regarding acceptance of service of any litigation-related documents or receive any documents concerning departmental litigation in the mail, immediately contact your **Licensing Program** Manager. He/she, through the Regional Manager, will (1) advise the Office of the Chief Counsel and (2) forward any documents to the chief Counsel.

Subpoenas for documents in the possession of the Department may continue to be accepted by the Regional Manager, or his/her delegate. Again, the Office of the Chief Counsel should be immediately contacted when a subpoena is received.

**2-4000 – 2-4900 (Repealed 6-1-00) CRIMINAL RECORD CLEARANCE**

**2-5510 OTHER REASONS FOR DENIAL****2-5510**

1. Regulatory section(s) cited in the waiver/exception request is a statutory requirement which cannot be waived.
2. Granting of the waiver/exception would risk health and safety of client(s)/resident(s).
3. Waiver/exception, if granted, would minimize the supervision of client(s)/resident(s).
4. Waiver/exception request is not supported by the placement agency (or agencies) involved with the facility.
5. Licensee provided insufficient information upon which to base a decision.
6. Waiver/exception request fails to indicate specifically how client(s)/resident(s) would benefit or how the alternative would continue to meet their needs.
7. Documentation fails to demonstrate that other clients/residents would not be adversely affected by granting of the waiver/exception.

**2-5600 PREPARATION OF WAIVER/EXCEPTION****2-5600**

Upon completion of the evaluation, the Licensing Program Analyst prepares a draft waiver/exception or a denial and submits it with all supporting documentation to the **Licensing Program** Manager for review and submission to the Regional Manager for final review.

Clerical staff will prepare the waiver/exception or denial for signature by the Regional Manager and will mail the signed original to the licensee/applicant. Clerical staff should insure that the request, all supportive documentation and a copy of the waiver or exception is filed in the facility folder, with any exception and accompanying documentation pertaining to a client being placed in the confidential file.

**2-5700 RE-EVALUATION OF WAIVER/EXCEPTION****2-5700**

Licensing Program Analysts should review waiver(s)/exception(s) prior to annual inspection or as often as necessary to insure that safe and adequate care is provided to client(s)/resident(s).

During the site visit, document on the Licensing Report (LIC 809) whether the conditions of the waiver/exception request have or have not been met. Depending upon the re-evaluation, the waiver/exception may be extended or terminated. If no significant changes have occurred in the circumstances or conditions of the currently approved waiver/exception, indicate this on the LIC 809. If the waiver/exception will be extended, the extension date shall be specified on the LIC 809. In most cases it should not be necessary to issue a new waiver/exception form but if circumstances have changed or if additional conditions should be imposed it may be necessary to complete a new document.

**2-6000 PUBLIC, PERSONAL AND CONFIDENTIAL INFORMATION****2-6000**

The Information Practices Act of 1977 and the California Public Records Act define the rights of citizens to have access to information collected, used, and maintained by virtually all State agencies. Additionally, State agencies are under strict rules regarding how public, personal, and confidential information can be collected, used, released, and retained.

The Public Records Act (Government Code, Section 6250-6265) states, “The Legislature, mindful of the rights of individuals to privacy, finds and declares that access to information concerning the conduct of the people’s business is a fundamental and necessary right of every person in the State.” The Act also requires departments to establish written guidelines for public accessibility to Department records (See Department of Social Services Administrative Manual 3-3000 to 3-4302). The Information Practices Act (Civil Code Section 1798 et. seq.) provides that individuals have the right to inquire and be notified if the Department maintains a file on them and to receive copies of such records if they so desire. Additionally, the Community Care Facilities Act (Health and Safety Code, Section 1500 et. seq.) requires that reports on the results of each (licensing) inspection, evaluation, or consultation regarding the facility shall be kept on file in the Department and all inspection reports, consultation reports, lists of deficiencies, and plans of correction shall be open to public inspection in the county in which the facility is located.

The Department of Social Services Administrative Manual (Section 3-3010) requires each licensing office to post guidelines regarding access to public records. To comply with this mandate, each licensing agency must post Guidelines for Inspection of Public Records in a prominent place that is readily accessible to the public.



**2-6150 REQUESTS FOR INFORMATION RELATIVE TO  
CHILD CARE FACILITIES (Continued)****2-6150****Resource-and-Referral Agencies and Alternative Payment Programs**

Resource-and-referral agencies and alternative payment programs will encourage authorized representatives to visit child care facilities and narrow their choices before contacting the local licensing office. They will also encourage authorized representatives to review the LIC 809s (Facility Evaluation Report) and other information at the facility.

**Licensing Office Procedures****When an interested party calls the licensing office for information about a child care center or family child care home:**

1. The call initially goes to the Child Care Duty Officer of the Day, or to the appropriate Licensing Program Analyst. If the call is taken by voice mail, the call must be returned on the same working day or, if that is not possible, within 24 hours.
2. The Duty Officer informs the interested party that the law requires child care facilities to make licensing facility reports and substantiated complaints from the last three years available to the public at the facility site.
3. The Duty Officer recommends that the interested party review reports at the child care facility or come into the licensing office to review the public facility file.
4. The Duty Officer advises the interested party that there is a 48-hour time frame for pulling and preparing the public file(s) for review in the licensing office.

**If the interested party is unable to come into the licensing office:**

1. The licensing office offers to provide information by phone when the interested party is too far away to come to the office or is unable to get to the office during business hours. Licensing staff will not set a standard regarding how far is “too far.” This will be up to the interested party to decide.
2. The Duty Officer explains that, due to the volume of calls and the ongoing workload, the policy of the licensing office is to provide telephone reviews covering the past two years for up to three facilities.
3. Licensing staff calls the interested party back with the requested facility information within 24 hours, or during the next working day if the 24-hour period falls on a weekend or holiday.

## 2-7510 DRIVER RECORD INFORMATION

2-7510

During the licensing process, a need may arise to investigate an applicant's driving record. This is not expected to be a routine procedure, but limited to those situations where there is cause or reason to require such information.

On **Licensing Program** Manager's approval, the Evaluator will submit Form INF-254 to the Department of Motor Vehicles as follows:

(SAMPLE FORM INF-254):

 <b>GOV'T AGENCY REQUEST FOR DRIVER LICENSE/IDENTIFICATION RECORD INFORMATION</b> <small>A Public Service Agency</small>		<b>RETURN TO: DEPARTMENT OF MOTOR VEHICLES, P. O. BOX 944231, MAIL STA. G201, SACRAMENTO, CA 94244-2310</b>	
1. REQUESTER CODE	2. SUBJECT DLID NUMBER	3. BIRTH DATE MO. / DAY / YR.	4. <b>Information Requested</b> <input type="checkbox"/> Status and Record <input type="checkbox"/> Certified <input type="checkbox"/> Order of Susp/Rev <input type="checkbox"/> Other <input type="checkbox"/> Proof of Service <input type="checkbox"/> Copy DL 44
5. NAME (LAST FIRST MIDDLE)	6. CITATION DATE	8. COURT DATE	
7. ADDRESS CITY STATE ZIP CODE	9. REQUESTED INFORMATION NEEDED BY (DATE) *		
*Please submit the record request <b>two weeks prior</b> to the date needed. Otherwise, you may not receive the record information by the specified date. Each INF 254 Request Form must contain your return address (limited to 4 lines with no more than 35 characters per line) clearly entered below.		10. REQUEST FOR SPECIFIC COPY OF ORDER OF SUSPENSION OR REVOCATION 1. Effective date: _____ 2. Effective date: _____ 3. Effective date: _____	
11. Attn: _____  From: [ ]		<b>We are returning the enclosed request form(s) for the reason(s) checked below:</b> <input type="checkbox"/> No record based on information submitted and/or illegible. <input type="checkbox"/> Requested documents purged. <input type="checkbox"/> Requested documents not on microfilm. <input type="checkbox"/> Suspension/Revocation and/or service order unavailable. Please resubmit in ____ days. <input type="checkbox"/> Best DL 44 available. <input type="checkbox"/> No DL 44 available. <input type="checkbox"/> No departmental action in effect. <input type="checkbox"/> No departmental action in effect on citation given. <input type="checkbox"/> No DL 44 available on "X" file records. <input type="checkbox"/> Your INF 254 request form must contain your requester code number, agency name, and return address. <input type="checkbox"/> Upon checking departmental files, a hard copy document is unavailable. A certified driver record has been provided in lieu of the Admin Per Se Order of Suspension. <input type="checkbox"/> As of March 1, 1988, the only record of Financial Responsibility and Civil Judgment suspension orders will be in the Driver License Master files for each affected subject. Initials/Unit: _____ Date: _____	
INF 254 (REV. 10/97)		DISTRIBUTION: Original + Copy to Department (Copy returned with record information)	

**2-8300 PRIORITIZING/EVALUATING REPORTS OF UNUSUAL INCIDENTS OR INJURIES****2-8300**

Upon receipt of an Incident Report (LIC 624), the evaluator must determine whether the incident warrants an immediate case management visit to the facility or a follow-up. **As stated previously, incident reports are not to be recorded as complaints (See Evaluator Manual Section 3-2011.** However, a follow-up investigation may be required, like a complaint, depending on the nature of the incident, especially if abuse or neglect is suspected. For example, it may be necessary to obtain copies of police reports, medical records, etc. to ensure that client received the necessary medical treatment and the licensee was not in violation of any regulation or statute.

The follow-up may require interviews with victims, witnesses to the incident, and/or other clients in care. If the documents and information collected during the follow-up are complete and address all the issues and concerns regarding the incident, it may not be necessary to conduct additional interviews or make a facility visit. For instance, if a serious injury has occurred which has been investigated by law enforcement, a copy of the police, or sheriff report may be sufficient. However, if an unusual injury has occurred and there are no other investigative agencies involved, an investigation by the Community Care Licensing Division must be conducted. In these situations it is important to evaluate the incident report carefully and work with your **Licensing Program Manager** to formulate a plan to collect, examine, and analyze all the facts and evidence available.

Although incident reports are not complaints, the same steps may be utilized to investigate the incident. Refer to Section 3-2000 for specific techniques that may assist you in your investigation.

**2-8300.1 PRIORITIZING/EVALUATING REPORTS OF DEATH****2- 8300.1**

Upon receipt of a Death Report (LIC 624A), or other source of notification of a client death (i.e., Law Enforcement, Adult Protective Services, Child Protective Services, Media, Complaint, etc.), the evaluator must determine whether the death warrants an immediate case management visit to the facility or a follow-up. Any death of a child requires a facility visit. A site visit is also required for deaths of adults and elderly clients that are questionable deaths but not deaths by natural causes. Questionable deaths are defined as any death resulting from injury, abuse, or other than natural causes. The Licensing Office must conduct a site visit within two-business days in a case where there is a death of a child or questionable death of an adult or elderly client. (Refer to Evaluator Manual Section 2-8300.2 Protocol for Reporting Client Deaths to the Office of the Deputy Director, under Office Functions.)

In the case of an adult or elderly client death, a follow-up investigation may be required depending on the nature of the cause of death or the licensee's explanation of the circumstances surrounding the death.

**2-8300.1 PRIORITIZING/EVALUATING REPORTS OF DEATH****2- 8300.1**

(Continued)

For example, a death would be considered questionable if the nature of the death is not consistent with the explanation, or if the death could have been the result of a possible lack of care and supervision, then a full investigation must be conducted. In these situations it is important to evaluate the death report, or the source of notification of a client death (i.e., Law Enforcement, Adult Protective Services, Child Protective Services, Media, Complaint, etc.), carefully and work with your **Licensing Program** Manager to formulate a plan to collect, examine and analyze all the facts and evidence available. A full investigation would include obtaining copies of police reports, medical record, death certificates, etc. as well as interviewing witnesses or other clients.

If the death has been or is in the process of being investigated by a law enforcement agency, such as a police or sheriff's department, and law official request that the Department not visit the facility, do not make the visit. The law enforcement agency's request must be documented and discussed with your **Licensing Program** Manager to plan your next course of action. Although incident reports are not complaints, the same steps may be utilized to investigate the incident. Refer to the *COMPLAINTS* Section of the Evaluator Manual for specific techniques that may assist you in your investigation.

**2-8300.2      PROTOCOL FOR REPORTING CLIENT DEATHS TO THE OFFICE OF DEPUTY DIRECTOR**

Licensing offices must report to the Deputy Director's Office ALL deaths of children in Community Care Licensing facilities and questionable deaths of other clients. County licensing offices must also send a copy to their County Liaison. Deaths of adults by natural causes do not need to be reported. Deaths are to be reported by e-mail or fax using the "Community Care Licensing Client Death Report".

**A.      TIMELINE:**

1.      Immediately
  - Licensing offices must report deaths to the Deputy Director's Office immediately on the date the Regional Office is informed of a death.
  - On rare occasions, it may be necessary to delay transmitting the report, but in no case shall the report be delayed later than close of business on the date the Regional Office was notified of the death.
  - If complete information is not available, send a preliminary report. An addendum should be submitted when additional information is available.

**2-8500     PROTOCOL FOR EVALUATING INCIDENTS OF  
SUDDEN INFANT DEATH SYNDROME (SIDS)****2-8500**

Sudden Infant Death Syndrome (SIDS) cannot be predicted or prevented. It is the sudden death of a seemingly healthy and normal infant. The diagnosis is one made by exclusion. A statewide autopsy protocol has been established for coroners' reports. The protocol requires an investigation of the death scene and establishes strict guidelines for the pathologist and the coroner. By the time the coroner has made a presumptive diagnosis of SIDS, obvious indicators of homicide, abuse, neglect, etc. have already been excluded as contributing factors in the death of the infant. The coroner will prepare a final diagnosis which includes the results of toxicological, bacteriological tests, etc. within approximately six weeks following the death of the infant.

When licensing learns of a child's death in a licensed facility, where there has been a "presumptive" diagnosis of SIDS, irrespective of the source of the report, an Incident Report is to be completed.

If the cause of death is described as "questionable" with SIDS identified as a possibility, an investigation should be undertaken. If the information is provided to the Regional Office other than by the facility, it should be logged and processed as a complaint.

The report should be provided to the **Licensing Program** Manager for tracking and follow-up to ensure that the evaluator receives a copy of the coroner's report. The "presumptive" diagnosis is generally available within 24 hours of the coroner's autopsy. The length of time might vary if there are other urgent autopsies that the coroner must perform. In some jurisdictions, the Child Care Ombudsman has arranged to be notified in the event of SIDS incidents in "out-of-home" care. In other cases, the evaluator should call the coroner's office and request a copy of the coroner's report explaining the need to verify cause of death.

Depending upon local jurisdictions, there may be other "first responder" reports available, e.g. law enforcement agency, paramedics, etc. Those reports might contain information which would be useful to the evaluator determining whether further investigation is indicated.

In the event that the report is received as a "complaint" of a death in a licensed facility prior to notification from the coroner's office, the evaluator should contact the coroner's office and/or local law enforcement agency before conducting the complaint investigation. With the presumptive diagnosis of SIDS, there is no need to duplicate the investigation of the Deputy Coroner or any other law enforcement agency.

**2-8500      PROTOCOL FOR EVALUATING INCIDENTS OF  
SUDDEN INFANT DEATH SYNDROME (SIDS) (Continued)****2-8500**

The evaluator, in consultation with his/her **Licensing** Program Manager, and in some cases, the Regional Investigator, should review the reports(s) to determine whether further investigation is indicated. A further investigation would be indicated if the evaluator, after reviewing the reports, believes that any licensing violations as defined by the regulations, may have existed at the time of the child's death. It should be noted, however, that given the definition of SIDS, existing conditions at the facility would not have contributed to the death of the child. Therefore, if licensing violations are cited, special consideration should be given to the need for the evaluator to be sensitive to the provider's grief at this time. The provider should be assured that the citation of deficiencies is standard operating procedure.

Irrespective of the decision, the evaluator should contact the licensee and refer the provider to the **California SIDS Program/California Association of Public Health Nursing Directors (CAPHND) telephone 1-800-369-SIDS and/or the local public health department** for information about SIDS and contact with other supportive community resources. If there will be an investigation, inform the provider that it will be necessary to conduct a facility visit. Determine whether the provider is planning to be away from the facility for a while, if so, determine the dates. (Providers may feel a need to close their facilities for a time following a SIDS incident).

If no investigation is determined necessary, the evaluator should inform the provider that there will be no need for further investigation at this time.

The above guidelines initiate the sensitive treatment of providers while recognizing the responsibility of the licensing agency to carry out investigations in those areas unrelated to the death of the child.

**2-8600      FACILITY VISIT/DOCUMENTATION****2-8600**

If it has been determined that a facility visit is necessary to follow-up on an incident report, follow the normal facility visit procedures while utilizing the protocol suggestions listed in Section 2-8400.

If you find that the facility is in violation of any statute or regulation, document the findings and cite any deficiencies on the licensing report (LIC 809).